

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90027 038 ***150.00

DOCUMENT # S43497

1. Entity Name,

CHARLES GORDON ENTERPRISES, INC.



Principal Place of Business

565 RIDGECREST DR
PUNTA GORDA FL 33982

Mailing Address

565 RIDGECREST DR
PUNTA GORDA FL 33982

01004J03



MOORE

CR2E034 (11/03)

2. Principal Place of Business

422 TOANA AVE
Suite, Apt. #, etc.
Port Charlotte FL
City & State

3. Mailing Address

422 TOANA AVE
Suite, Apt. #, etc.

Port Charlotte FLA
City & State

4. FEI Number 65-0256540

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip 33954

Country Charlotte

Zip 33954

Country Charlotte

6. Name and Address of Current Registered Agent

GORDON, CHARLES H
565 RIDGECREST DR
PUNTA GORDA FL 33982

7. Name and Address of New Registered Agent

Name Charles H Gordon
Street Address (P.O. Box Number is Not Acceptable)
422 TOANA
City Port Charlotte FL Zip Code 33954

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Charles H Gordon

Signature, typed or printed name of registered agent and title if applicable.

Charles H Gordon

(NOTE: Registered Agent signature required when reinstating)

1-26-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GORDON, CHARLES H	
STREET ADDRESS	565 RIDGECREST DR	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GORDON, NANCY B	
STREET ADDRESS	565 RIDGECREST DR	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	V	<input type="checkbox"/> Delete
NAME	TROYER, KIMBERLY ANN	
STREET ADDRESS	656 RIDGECREST DR	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Prev.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles H Gordon	
STREET ADDRESS	422 TOANA AVE	
CITY-ST-ZIP	Port Charlotte FLA 33954	
TITLE	E.V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY B. Gordon	
STREET ADDRESS	422 TOANA AVE	
CITY-ST-ZIP	Port Charlotte FLA 33954	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kimberly ANN Troyer	
STREET ADDRESS	406 TOANA AVE	
CITY-ST-ZIP	Port Charlotte FLA 33954	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greg Lewis	
STREET ADDRESS	406 TOANA AVE	
CITY-ST-ZIP	Port Charlotte FLA 33954	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles H Gordon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles H Gordon

Date

Daytime Phone #

1/26/04 941-652-7703